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CONFIRMATION NO. 9183

SERIAL NUMBER 10/620,460	FILING OR 371(c) DATE 07/17/2003 RULE	CLASS 514	GROUP ART UNIT 1626	ATTORNEY DOCKET NO. 161765.00037 (3024/02/US)
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/076,091 02/15/2002 PAT 6,642,268  
 which is a DIV of 09/676,466 09/29/2000 PAT 6,420,417  
 which is a DIV of 09/037,308 03/09/1998 PAT 6,268,392  
 which claims benefit of 60/040,660 03/11/1997  
 and is a CIP of 08/831,284 03/31/1997 ABN  
 which is a CON of 08/517,051 08/21/1995 ABN  
 which is a CIP of 08/305,526 09/13/1994 ABN  
 and said 09/037,308 03/09/1998  
 is a CIP of 08/816,065 03/11/1997 ABN  
 which claims benefit of 60/013,119 03/11/1996

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

09/08/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MO	SHEETS DRAWING 0	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

30593

## TITLE

COMBINATION THERAPY EMPLOYING ILEAL BILE ACID TRANSPORT INHIBITING BENZOTHIOPENES AND HMG CO-A REDUCTASE INHIBITORS

FILING FEE RECEIVED 1494	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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